

REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST	2. FORM No. <i>(If revision)</i>	
		3. DATE FORM REQUIRED	4. SSIC	
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE <i>(Attach copy)</i>		
6. TITLE OF FORM		7. SUPERSEDED FORMS		
B. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
1 1. PURPOSE OF FORM				
12. TYPE OF FORM	<i>a. (Check all that apply)</i> <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE			
13. FORM USAGE	a. FREQUENCY OF USE <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input type="checkbox"/> _____	d. NO. OF COPIES PREPARED AT ONE WRITING
				e. NUMBER OF USING ACTIVITIES
				f. ANNUAL USAGE
			g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. FORM SPECIFICATIONS	a. COLOR PAPER <input type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____	d. SIZE (List width first) x
				e. NO. OF PAGES
15. REMARKS				
16. ORIGINATOR	a. NAME, RANK AND TITLE			b. OFFICE CODE
	c. SIGNATURE			d. PHONE NUMBER
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE		c. DATE